

January 24, 1997

INTERAGENCY BILLING RATES FOR FISCAL YEAR 1997

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive is to replace VHA Directive 96-010 and provide interagency billing rates for Fiscal Year (FY) 1997. This Directive provides instructions for implementing necessary changes to the Department of Veterans Affairs (VA) Medical Care Cost Recovery (MCCR) billing program.

2. POLICY

a. VA has established the following revised interagency billing rates for use beginning December 1, 1996.

b. The primary source of data for calculating these rates is the VA Medical Care Appropriation Cost Distribution Report (CDR). All prosthetics costs assigned to VA inpatient and outpatient care, CDR 1000 and 2000 series accounts, **were included** in the calculation of the FY 1997 billing rates; therefore, separate, additional billing for such costs should **not** be made. Prosthetics costs assigned to non-VA outpatient care, CDR 4000 series accounts, **were not included** in the calculation of the FY 1997 billing rates; therefore, separate, additional billing of such costs for non-service-connected conditions **should** be made. Specific examples of the latter are Home Oxygen and ID Card Prosthetic Repair and Replacements.

c. The billing rates presented herein should not be used for locally developed VA/ Department of Defense (DOD) sharing agreements. Rates for VA/DOD sharing agreements should be developed based on local costs.

d. When medical services for beneficiaries of other Federal agencies are obtained by VA from private sources, the charges to the other Federal agencies will be the actual amounts paid by VA for such services.

3. ACTION

a. Each VA health care facility will prepare billings, using the following rates, for inpatient and outpatient medical care furnished to beneficiaries of other Federal agencies on or after December 1, 1996. Corrected billings and/or refunds for services rendered on or after December 1, 1996, but billed using prior fiscal year billing rates, must be made.

b. Revised interagency billing rates, effective December 1, 1996, are as follows:

(1) VA Hospital Care, rates per inpatient day:

General Medicine	\$946
Neurology	\$915
Rehabilitation Medicine	\$743
Blind Rehabilitation	\$886
Spinal Cord Injury	\$884
Surgery	\$1761
General Psychiatry	\$448
Substance Abuse (Alcohol and Drug Treatment)	\$297
Intermediate Medicine	\$385

THIS VHA DIRECTIVE EXPIRES DECEMBER 1, 1997

VHA DIRECTIVE 97-004

January 24, 1997

(2) VA Nursing Home Care, rate per day:

Nursing Home Care	\$258
-------------------	-------

(3) VA Outpatient Care, rates per visit or per prescription filled:

Outpatient Visit, including dialysis treatments and non-emergency dental visits	\$178
---	-------

Emergency Dental Outpatient Visit/Treatment	\$107
---	-------

Prescription Filled	\$19
---------------------	------

c. Inpatient charges to other Federal agencies will be at the current interagency per diem rate for the type of bed section or discrete treatment unit providing the care.

d. Prescription Filled charge in lieu of the outpatient visit rate will be charged when the patient receives no service other than the Pharmacy outpatient service. This charge applies whether the patient receives the prescription in person or by mail.

e. Questions concerning the contents of this Directive should be referred to the MCCR Office (174), VHA Headquarters, at 202-273-8210.

4. REFERENCE: Cost Distribution Report Handbook, April 1996.

5. FOLLOW-UP RESPONSIBILITY: The Director, MCCR Office (174), is responsible for the contents of this VHA Directive.

6. RESCISSIONS: VHA Directive 96-010 is rescinded. This VHA Directive will expire December 1, 1997.

S/ by Mike Hughes for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 1/24/97
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 1/24/97
EX: Boxes 104, 88, 63, 60, 54, 52, 47, and 44 - FAX 1/24/97